

CITY OF CHICAGO - MOPD

Project data to determine compliance with the

Chapter 14B-11 of the Chicago Building Code; ICC A117.1- 2009 and the 2018 Illinois Accessibility Code

Project Name _____ DOB Permit App# _____

Project Address _____ Owner _____

Architect _____ Address _____ Phone _____

MOPD SCHEDULE (A)

Total # of Sleeping Units in building		Multi-Story Housing (4 or More Stories and 10 or More Units)? (Y/N)				
# of Accessible Sleeping Units		Structure w/4 or More Units? (Y/N)				
# of Accessible Sleeping Units w/roll-in showers		SFR (Detached? (Y/N)				
# of Accessible Sleeping Units w/Communication Features		Attached Multi-Story SFR w/ Separate Means of Egress? (Y/N)				
# of Additional Sleeping Units w/ Communication Features		Alterations Affecting an Area Containing a Primary Function				
# of Type A Dwelling Units (Accessible)		Check if Accessible:	Y	*	N	N/A
# of Type A Dwelling Units (Adaptable)		Accessible Parking Spaces				
# of Type B Dwelling Units		Accessible Route from Parking Lot to Accessible Entry				
# of Type A and B Dwelling Units w/ Conduit Lines (Hearing and Visually Impaired on an as needed basis)		Accessible Entry				
# of Type C Dwelling Units (Visitable)		Route to Altered Primary Function				
Planned Developments and Federally Funded Residential (below 4 or More Stories and 10 or More Units)		Toilets				
# of Attached Multi-Story SFR Units w/ Separate Means of Egress		Drinking Fountain				
# of Section 504 Dwelling Units (Accessible)		Signage				
# of Section 504 Dwelling Units w/ Communication Features, (Hearing and Visually Impaired at time of construction)		*Accessible to Maximum Extent Feasible				
# of Zoning Incentive Building Type A Dwelling Units						
Change of Occupancy to Residential (20 Units or More)? (Y/N)						
Planned Development? (Y/N)						
Planned Development #						

MOPD SCHEDULE (B)

Government owned, subsidized or guaranteed? (Y/N)		Is this a Historic Building? (Y/N): _____	Occupancy Classification: _____
# of Government Funded Dwelling Units			
# of Dwelling Units			
Approx. Area Per Story			
Type of Funding: Private: _____ City: _____ Cook County: _____ State: _____ Federal: _____			
City of Chicago Affordable Housing? (Y/N) _____		# of City of Chicago Affordable Housing Units _____	
Planned Development Type: New Construction: _____ Addition: _____ Alteration: _____ Repair: _____			
Chicago Public Schools? (Y/N)			
For Alterations / Repair, provide the following info:			
Total Cost of Construction = _____	Total Cost of Alterations Affecting an Area Containing A Primary Function = _____ x 20% = _____		
Architect Certifying Compliance	_____ (Printed Name)	_____ (Signature)	_____ Date
1 st Review:	Units _____	Date _____	Reviewer _____
2 nd Review:	Units _____	Date _____	Reviewer _____
3 rd Review:	Units _____	Date _____	Reviewer _____